

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:  12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	Mr Michael A NICKNAME LAST SUFFIX				
Gonzales		DATE RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		DATE HAND-DELIVERED OR DATE POSTMARKED		
	2911 War Arrow P.O. Box 681616 San Antonio, TX 78268				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Receipt #		Amount
	(210) 389-4997				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		DATE PROCESSED		
	Mr Alejandro NICKNAME LAST SUFFIX		DATE IMAGED		
Alex Sanchez Jr					
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	7880 Micron Dr, Apt/Suite 4101 San Antonio, TX 78251-2489				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
	(210) 445-6578				
9 REPORT TYPE	30th Day Before Main Election				
10 PERIOD COVERED	Month Day Year		Month Day Year		
	2/22/2005		4/7/2005		
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
	5/7/2005		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	none		Council District 6		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Mr Michael A Gonzales		16 ACCOUNT # (Ethics Commission files)
17 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	<p>•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••</p>	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  CONTRIBUTION BALANCE  OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$0
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$930.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$0

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Michael A Gonzales, this the 7th day of April, 20 05, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule A:  
1 of 1

**2** FILER NAME

Mr Michael A Gonzales

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

**7** Amount of  
contribution (\$)

**8** In-kind contribution  
description (if applicable)

.....  
**6** Contributor address; City; State; Zip Code

**9** Principal occupation / Job title (See Instructions)

**10** Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

.....  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

.....  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

.....  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

.....  
Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule B:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael A Gonzales

**4** TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date**6** Full name of pledgor☐ out-of-state PAC (ID#:\_\_\_\_\_)**8** Amount of  
pledge (\$)**9** In-kind description  
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:\_\_\_\_\_)Amount of  
pledge (\$)In-kind description  
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

Mr Michael A Gonzales

**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$Unitemized

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#:\_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender a financial institution?**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** GUARANTOR INFORMATION**16** Name of guarantor**18** Amount Guaranteed (\$)☐ not applicable**17** Guarantor address; City; State; Zip Code**19** Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:\_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael A Gonzales

**4** Date**5** Payee name**7** Amount  
(\$).....  
**6** Payee address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 2
2 FILER NAME Mr Michael A Gonzales		3 ACCOUNT # (Ethics Commission filers)
4 Date 2/22/2005	5 Payee name Ms Leticia M Vacek City Clerk of San Antonio 6 Payee address; City; State; Zip Code PO Box 839966 San Antonio, TX 78283-3966 7 Purpose of expenditure (See instructions regarding type of information required.) Candidate Packet	8 Amount (\$10.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 2/23/2005	Payee name Ms Leticia M Vacek City Clerk of San Antonio Payee address; City; State; Zip Code PO Box 839966 San Antonio, TX 78238-3966 Purpose of expenditure (See instructions regarding type of information required.) Candidate Filing for district 7. Filed for wrong District.	Amount (\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/1/2005	Payee name Ms Leticia M Vacek City Clerk Payee address; City; State; Zip Code PO Box 839966 San Antonio, TX 78283-3966 Purpose of expenditure (See instructions regarding type of information required.) Deposit for City Council Candidate	Amount (\$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/14/2005	Payee name Mr John Fisher Bexar County Department of elections and voter Registration Payee address; City; State; Zip Code 203 Nueva, Apt/Suite: 3.61 San Antonio, TX 78283 Purpose of expenditure (See instructions regarding type of information required.) receipt # 1890225 for city council district 6; primary elec. 2004, city council district 6 voters 2003, and regis	Amount (\$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/16/2005	Payee name Ms Bob Dela Cruz Dela Cruz insurance & Fast Tax Payee address; City; State; Zip Code 4207 Culebra Rd San Antonio, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) Notary	Amount (\$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

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**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 2 of 2
2 FILER NAME Mr Michael A Gonzales		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/17/2005	5 Payee name Mr chris zalapa Z-Graphics Sign Shop 6 Payee address; City; State; Zip Code 3848 Culebra Rd. San Antonio, TX 78228 7 Purpose of expenditure (See instructions regarding type of information required.) 30Qty 18x24 inches signs, 1Qty 4x8 ft. sign, supplies	8 Amount (\$) 300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 3/19/2005	Payee name Mr Chris Zalapa Z-Graphics Sign Shop Payee address; City; State; Zip Code 3848 Culebra Rd. San Antonio, TX 78228 Purpose of expenditure (See instructions regarding type of information required.) 30Qty 9x18inch sign, 2Qty 4x8ft. sign	Amount (\$) 350.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael A Gonzales

**4** Date**5** Business name**7** Amount  
(\$).....  
**6** Business address;      City;    State;    Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9**      \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address;      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address;      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$).....  
Business address;      City;    State;    Zip Code

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.		1    Total pages Schedule I: <b>1 of 1</b>
2    FILER NAME  Mr Michael A Gonzales		3    ACCOUNT # (Ethics Commission filers)

  

4    Date	5    Payee name  ..... 6    Payee address;                      City;    State;    Zip Code	8    Amount (\$)
	7    Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	
	Payee name  ..... Payee address;                      City;    State;    Zip Code  Purpose of expenditure (See instructions regarding type of information required.)	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:

1 of 1

**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Michael A Gonzales

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	..... <b>6</b> Payor address;                      City;   State;   Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address;                      City;   State;   Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*****1 C/OH NAME**

Mr Michael A Gonzales

**2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****\*\* Complete A & B below *only* if you are not an officeholder. \*\*****A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER****\*\* Complete this section *only* if you are an officeholder \*\***☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

\_\_\_\_\_  
Signature of Officeholder